

OFFICE USE ONLY				
Date:				
Application #:				

SIGN PERMIT APPLICATION

1)	Property owner:				
	Mailing Address:				
	Phone #:	: Email Address:			
2)	Applicant (if other than own	ner):			
	Mailing Address:				
		Email Address:			
3)	Sign Location:				
	Tax Map Section:	Block:	Lot:	Zoning District:	
4)	Dimensions of Sign: Width: Height: Total square feet:				
	Distance to ground:	Sign material:		Intended use:	
	Illuminated: Yes/No				
(1	Please also provide Certifica	tes of Insurance as	well as a pho	oto or sketch of the proposed sign.)	
Date		Signature o	Signature of Applicant/Builder/Contractor		
Date		Signature o	Signature of Owner		
Date		Code Enfor	Code Enforcement Officer		